

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS4787AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/18/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUNSHINE CARE HOME 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3045 SOUTH TIOGA WAY LAS VEGAS, NV 89117</b>		
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Y 000	Initial Comments  Surveyor: 27364 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 8/18/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility was licensed for 10 Residential Facility for Group beds to persons with Alzheimer's Disease, Category II Residents. The census at the time of the survey was 11. Eleven resident files were reviewed and 5 employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D.  The following deficiencies were identified:	Y 000		
Y 070 SS=E	449.196(1)(f) Qualifications of Caregiver-8 hours training  NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.  This Regulation is not met as evidenced by: Surveyor: 27364 Based on record review on 6/16/09, the facility failed to ensure that 2 of 5 caregivers received	Y 070		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1  eight hours of annual training (Employee #1, and #3).  Severity: 2 Scope: 2	Y 070		
Y 087 SS=I	449.199(3) Limitation on Number of Residents  NAC 449.199 3. A residential facility must not accept residents in excess of the number of residents specified on the license issued to the owner of the facility.  This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation, record review and interview on 8/18/09, the facility was over census.  Findings include:  Record review on 8/18/09 indicated the facility was licensed for 10 residents. The facility maintained active records for 11 residents on 8/18/09. The facility contained active medication and a Medication Administration Record for 11 residents.  On 8/18/09 at 1:40 PM, Employee #1, the owner, stated he had 11 residents and he was over census.  Severity: 3 Scope: 3	Y 087		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A	Y 103		

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Y 103	Continued From page 2  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.  This Regulation is not met as evidenced by: Surveyor: 27364 Based on record review on 8/18/09, the facility failed to ensure 3 of 5 caregivers complied with NAC 441A.375 regarding tuberculosis testing (Employee #3, #4 and #5) for the protection of all residents.  Findings include:  Employee #3's file had annual TB tests recorded but lacked a 2 step TB test.  Employee #4's file lacked any evidence of a TB test.  Employee #5's file had an annual TB test recorded but lacked a 2nd step of a TB test.  Severity: 2 Scope: 3	Y 103		
Y 105 SS=E	449.200(1)(f) Personnel File - Background Check  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to	Y 105		

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Y 105	Continued From page 3  449.185, inclusive.  This Regulation is not met as evidenced by: Surveyor: 27364 Based on record review on 8/18/09, the facility failed to ensure 2 of 5 employees met background check requirements or completed and signed criminal history statements (Employee #3, and #5). Employee #3 & #5 were missing the criminal history statement and FBI and state background checks.  Severity: 2 Scope: 2	Y 105			
Y 172 SS=C	449.209(2) Health and Sanitation-Outside garbage  NAC 449.209 2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied and the contents of the containers must be removed from the premises of the facility.  This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 8/18/09, the facility failed to ensure the 5 containers used to store garbage outside the facility were covered.  Severity: 1 Scope: 3	Y 172			
Y 175 SS=F	449.209(4)(b) Health and Sanitation-Hazards  NAC 449.209	Y 175			

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Y 175	Continued From page 4  4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility.  This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 8/18/09, the facility failed to ensure the facility was kept free of hazards that impede the free movement of residents. The facility's exterior rear and south side had clothes lines strung 4 to 5 feet high across the entire width of the egress corridor.  Severity: 2 Scope: 3	Y 175		
Y 178 SS=F	449.209(5) Health and Sanitation-Maintain Int/Ext  NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.  This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 8/18/09, the facility failed to ensure the front landscaping of the facility was well maintained. The front yard had dirt mounds, a pile of rocks and a pile of bricks near the front entry. The front yard had no plants or grass, only dirt. Residents were observed walking around the front of the property during the survey.	Y 178		

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Y 178	Continued From page 5  Severity: 2    Scope: 3	Y 178		
Y 179 SS=E	449.209(6) Health and Sanitation-Screens  NAC 449.209 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects.  This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 8/18/09, the facility failed to ensure 4 of 12 windows that were capable of opening for ventilation were screened.  Severity: 2    Scope: 2	Y 179		
Y 180 SS=D	449.209(7) Health and Sanitation-Lighting  NAC 449.209 7. The facility must maintain electrical lighting as necessary to ensure the comfort and safety of the residents of the facility.  This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 8/18/09, the facility failed to ensure safe electrical lighting in 1 of 6 bathrooms (the rear downstairs bathroom). The only lighting available in the rear bathroom was a	Y 180		

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Y 180	Continued From page 6  automotive trouble light plugged into a non-ground fault interrupter (GFI) outlet.  Severity: 2    Scope: 1	Y 180		
Y 253 SS=F	449.217(4) Adequate Supplies of Food  NAC 449.217 4. The administrator of a residential facility shall ensure that there is at least a 2-day supply of fresh food and at least a 1-week supply of canned food in the facility at all times.  This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 8/18/09, the facility failed to ensure there was at least a 1 week supply of canned food. The facility's pantry had no more than a 2-3 day supply of canned or dry food for the 11 residents.  Severity: 2    Scope: 3	Y 253		
Y 273 SS=E	449.2175(4) Service of Food - Special Diets  NAC 449.2175 4. A resident who has been placed on a special diet by a physician or dietitian must be provided a meal that complies with the diet. The administrator of the facility shall ensure that records of any modification to the menu to accommodate for special diets prescribed by a physician or dietitian are kept on file for at least 90 days.	Y 273		

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Y 273	Continued From page 7  This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation and interview on 8/18/09, the facility failed to provide diabetic, low sodium, and low cholesterol diets to 4 of 11 residents ordered a special diet (Resident #1, #2, #3, & #4). Interview with caregiver #3 revealed the facility failed to have special food and menus to accommodate the prescribed special diets.  This was a repeat deficiency from the 10/22/08 State Licensure survey.  Severity: 2 Scope: 2	Y 273			
Y 320 SS=D	449.220(1) Bedroom Doors - Locks  NAC 449.220 1. A bedroom door in a residential facility which is equipped with a lock must open with a single motion from the inside unless the lock provides security for the facility and can be operated without a key or any special knowledge.  This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 8/18/09, the facility did not ensure the bedroom doors were equipped with a lock that opened with a single motion (Bedroom #2, and #3).  Severity: 2 Scope: 1	Y 320			
Y 353 SS=D	449.222(3) Bathrooms and Toilet Facilities  NAC 449.222	Y 353			

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Y 353	Continued From page 8  3. The bottoms of tubs and showers must have surfaces that inhibit falling and slipping. Cabinets that are attached to the floor or grab bars must be adjacent to the tubs, toilets and showers.  This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 8/18/09, the facility failed to ensure there was a grab bar installed in 1 of 6 bathrooms (the rear downstairs bathroom).  Severity: 2 Scope: 1	Y 353		
Y 356 SS=D	449.222(6) Bathrooms and Toilet Facilities  NAC 449.222 6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key must be readily available at all times.  This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 8/18/09, the facility failed to ensure 2 of 6 bathroom doors were equipped with locks that open with a single motion (rear downstairs bathroom and downstairs bathroom next to the bar)  Severity: 2 Scope: 1	Y 356		
Y 445 SS=E	449.229(10) Exit doors  NAC 449.229 10. An exit door in a residential facility must not	Y 445		

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Y 445	Continued From page 9  be equipped with a lock which requires a key to open it from the inside unless approved by the State Fire Marshall or his designee.  This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 8/18/09, the facility failed to ensure 1 of 3 fire egress exits was not equipped with a lock requiring a key to open it from the inside. The door from bedroom #6 was locked with a padlock, and interview with Caregiver #3 revealed the lock was added because the resident had a tendency to wander.  Severity: 2 Scope: 2	Y 445		
Y 451 SS=D	449.231(2)(a)-(f) First Aid Kit  NAC 449.231 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans. (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or device that may be used to determine the bodily temperature of a person.	Y 451		

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Y 451	Continued From page 10  This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 8/18/09, the facility failed to ensure the first aid kit had a thermometer or temperature taking device.  Severity: 2 Scope: 1	Y 451		
Y 626 SS=E	449.2702(6)(b)(1,2,&3) Restraint Definition  NAC 449.2702 6. As used in this section: (b) "Restraint" means: (1) A psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms; (2) A manual method for restricting a resident's freedom of movement or his normal access to his body; or (3) A device or material or equipment which is attached to or adjacent to a resident's body that cannot be removed easily by the resident and restricts the resident's freedom of movement or his normal access to his body.  This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 8/18/09, the facility to ensure 4 of 11 beds were not equipped with full bed rails (two beds in Bedroom #4, one bed in bedroom #7 and one bed in the bar).  Severity: 2 Scope: 2	Y 626		

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Y 698 SS=D	<p>Residents Requiring use of Oxygen-Storage</p> <p>2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (b) ensure that: (5) All oxygen tanks kept in the facility are secured in a stand or to a wall;</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 27364 Based on observation on 8/18/09, the facility failed to secure 18 oxygen tanks in a rack or to the wall in the outside storage building.</p> <p>This was a repeat deficiency from the 10/22/08 State Licensure survey.</p> <p>Severity: 2 Scope: 1</p>	Y 698		
Y 743 SS=D	<p>449.272(2) Indwelling Catheters</p> <p>NAC 449.272 2. The caregivers employed by a residential facility with a resident who requires the use of an indwelling catheter shall ensure that: (a) The bag and tubing of the catheter are changed by: (1) The resident, with or without the assistance of a caregiver. (2) A medical professional who has been trained to provide that care. (b) Waste from the use of the catheter is disposed of properly. (c) Privacy is afforded to the resident while care is being provided; and (d) The bag of the catheter is emptied by a</p>	Y 743		

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Y 743	Continued From page 12  caregiver who has received instruction in the handling of such waste and the signs and symptoms of urinary tract infections and dehydration.  This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation and interview on 8/18/09, the facility failed to ensure the caregiver of 1 of 11 resident (Resident #2) who had an indwelling catheter complied with NAC 449.272. Interview with Employee #3 revealed the caregivers emptied the urine from Resident #2's Foley catheter. Upon further questioning, Employee #3 was unable to articulate the signs and symptoms of dehydration or a urinary tract infection (UTI). Record review of the employee files lacked documentation of training for recognizing the signs and symptoms of a UTI or dehydration.  Severity: 2 Scope: 1	Y 743		
Y 870 SS=D	449.2742(1)(a)(1)(2)(b)(c) 449.2742(1)(a)(1) Medication Administration  NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of	Y 870		

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Y 885	Continued From page 14  discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication.  This Regulation is not met as evidenced by: Surveyor: 27364 Based on interview and record review on 8/18/09, the facility failed to ensure medications that are discontinued were destroyed by the an acceptable method and logged. Discontinued and expired medications including prescription drugs were found in caregivers rooms and in the medication cabinet. An entire cabinet full of over the counter medications were found next to the active resident's medication cabinet.  Severity: 2 Scope: 3	Y 885		
Y 890 SS=C	449.2744(1)(a)(1)-(4) Medication / Receipt Log  NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (a) A log for each medication received by the facility for use by a resident of the facility. The log must include:	Y 890		

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Y 890	Continued From page 15  (1) The type and quantity of medication received by the facility. (2) The date of its delivery; (3) The name of the person who accepted the delivery; (4) The name of the resident for whom the medication is prescribed; and (5) The date on which any unused medications is removed from the facility or destroyed.  This Regulation is not met as evidenced by: Surveyor: 27364 Based on record review and interview on 8/18/09, the facility failed to maintain a medication receipt log.  Severity: 1 Scope: 3	Y 890			
Y 896 SS=F	449.2744(1)(b)(2) Medication / MAR  NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (2) The date and time that the medication was administered.	Y 896			

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Y 896	<p>Continued From page 16</p> <p>This Regulation is not met as evidenced by: Surveyor: 27364 Based on record review on 8/18/09, the facility failed to ensure the medication administration record (MAR) was accurate for 6 of 11 residents (Resident #2, #5, #6, #7, #10 and #11).</p> <p>Resident #2: The MAR was not signed from 8/13/09 through 8/18/09.</p> <p>Resident #5: The MAR was not signed from 8/13/09 through 8/17/09.</p> <p>Resident #6: The MAR was signed on 8/18/09 at 2:30 PM for a 5:00 PM dose.</p> <p>Resident #7: Folic Acid 1 tablet every day was prescribed, the medication was not listed on the MAR.</p> <p>Resident #10: The MAR was not signed from 8/18/09 for all medications.</p> <p>Resident #11: The MAR was signed for Fexofenadine HCL 180 milligrams (mg), however the medication was unavailable in the facility.</p> <p>This was a repeat deficiency from the 10/22/08 State Licensure survey.</p> <p>Severity: 2 Scope: 3</p>	Y 896		
Y 920 SS=F	449.2748(1) Medication Storage	Y 920		

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Y 920	<p>Continued From page 17</p> <p>NAC 449.2748</p> <p>1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key.</p> <p>This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 8/18/09, the facility failed to ensure medications belonging 11 of 11 current residents, and previous residents were secured. Medications belonging to transferred or expired residents were found unsecured in 2 caregivers rooms, in the desk in the loft, and in a cabinet in the pantry. The cabinets in the pantry had a lock, but it was unlocked during the survey. The pantry door also contained a lock, but was unlocked during the survey.</p> <p>This was a repeat deficiency from the 10/22/08 State Licensure survey.</p>	Y 920			

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Y 920	Continued From page 18  Severity: 2      Scope 3  -	Y 920		
Y 923 SS=F	449.2748(3)(b) Medication Container  NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (b) Kept in its original container until it is administered.  This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 8/18/09, the facility failed to keep medications belonging to 2 of 11 residents in their original container (Resident #6 and #10). Resident #6 had two pill minder boxes labeled with his name, one was designated as AM and the other PM. Resident #10 had two pill minder boxes will pre-poured medications. On 8/20/09, the surveyors observed medications belonging to 11 of 11 residents pre-poured into cups and unattended in the unlocked pantry at 4:00 PM.  Severity: 2 Scope: 3	Y 923		

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Y 936  Y 936 SS=F	Continued From page 19  449.2749(1)(e) Resident file-NRS 441A Tuberculosis  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.  This Regulation is not met as evidenced by: Surveyor: 27364 Based on record review on 8/18/09, the facility failed to ensure 5 of 11 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #2, #3, #6, #8 and #9).  Findings include:  Resident #2 had no evidence of any TB testing.  Resident #3's TB testing was completed 6 months after admission.  Resident #6's TB testing was completed 10 months after admission.  Resident #8 had no evidence of any TB testing.  Resident #9's file had evidence of a 2 step TB test in 10/06 with no current TB tests.	Y 936  Y 936		

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Y 936	Continued From page 20  This was a repeat deficiency from the 12/7/07 and 10/22/08 State Licensure surveys.  Severity: 2 Scope: 3	Y 936			
Y 977 SS=C	449.2754(8)(a) Alzheimer's Activities-Motor skills  NAC 449.2754 8. The members of the staff of the facility shall develop a program of activities that promotes the mental and physical enhancement of the resident. The following activities must be conducted at least weekly: (a) Activities to enhance the gross motor skills of the residents.  This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 8/18/09, the facility failed to ensure activity programs were conducted for the welfare of 11 of 11 residents.  Severity: 1 Scope: 3	Y 977			
Y 990 SS=F	449.2756(1)(a) Alzheimer's facility pools  NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (a) Swimming pools and other bodies of water are fenced or protected by other acceptable means.	Y 990			

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Y 990	Continued From page 21  This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 8/18/09, the facility failed to ensure the 1 of 2 gates leading to the swimming pool was locked affecting all residents.  Severity: 2 Scope: 3	Y 990		
Y 991 SS=F	449.2756(1)(b) Alzheimer's Fac door alarm  NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility.  This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 8/18/09, the facility failed to ensure that all alarms were installed and operational when an exit door was opened (front door, door to the garage and rear exit).  This was a repeat deficiency from the 10/22/08 State Licensure survey.  Severity: 2 Scope: 3	Y 991		

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Y 992	Continued From page 22	Y 992			
Y 992 SS=F	<p>449.2756(1)(c) Alzheimer's Fac awake staff</p> <p>NAC 449.2756</p> <p>1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:</p> <p>(c) At least one member of the staff is awake and on duty at the facility at all times.</p> <p>This Regulation is not met as evidenced by: Surveyor: 27364 Based on record review and interview on 8/18/09, the facility failed to ensure one member of the staff was awake at the facility at all times. The staffing schedule failed to indicate who worked the night shift. All assigned caregivers were awake and giving care during the day of the survey.</p> <p>This was a repeat deficiency from the 10/22/08 State Licensure survey.</p> <p>Severity: 2 Scope: 3</p>	Y 992			
Y 999 SS=F	<p>449.2754(1)(g) Alzheimer's Facility-Toxic substances</p> <p>NAC 449.2756</p> <p>1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:</p> <p>(g) All toxic substances are not accessible to the residents of the facility.</p>	Y 999			

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Y 999	<p>Continued From page 23</p> <p>This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 8/18/09, the facility failed to ensure that toxic substances were inaccessible to the residents.</p> <p>Bedroom #3 - spray 'n wash and butane fuel.</p> <p>Bedroom #6 - butane fuel, allanenzyme ointment.</p> <p>Bedroom #7 - wound cleaner and butane fuel.</p> <p>The Kitchen - WD40, bleach, carpet cleaner and caladryl lotion</p> <p>The Garage - floor cleaner, Windex, wound cleaner, lighters, Drano, fabuloso (eight bottles), pine sol and hydrogen peroxide.</p> <p>This is a repeat deficiency from the 6/13/07 and 10/22/08 annual State Licensure surveys.</p> <p>Severity: 2      Scope: 3</p>	Y 999			

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